

# CAUSES OF THE RECRUDESCENCE OF THE VENEREAL DISEASES AND FUNDAMENTAL MEANS FOR THEIR CONTROL\*

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The reports of the meetings of the International Union against Venereal Diseases and Treponematoses and other recent publications agree about the recent recrudescence of venereal diseases and what these illnesses represent from the moral, medical, and social aspects. What has been said once is constantly repeated, with slight variations depending on the local circumstances of each observer, but no practical solution to the problem has yet been found. In our opinion, whatever may be the country or region, there are common reasons that account for the spread and increase of venereal diseases, although the importance of each reason may vary from one place to another.

Seven factors are considered below, not necessarily in order of importance and not perhaps all relevant in every country:

## (1) SOCIAL IMPROVEMENT OF THE PEOPLE

The most favourable conditions for the maintenance and development of infectious diseases, including V.D., are found amongst the overcrowded poorer classes of society. For several reasons, this section of the population has become more mobile in recent years, and this has been accompanied by economic improvement in some cases. Though possessing greater wealth and opportunities these people have not yet improved their habits; by bettering their social status they have made more contacts within their own class and with people in the higher ranks of society, and, in this way, have spread venereal diseases.

## (2) INCREASED INTERCHANGE OF POPULATIONS

We wish to underline the influence of tourism but must also consider the movement of groups of people to new industrial centres, the periodical

emigration of farm labourers, the movement of troops within their own nations, and between nations and continents, and the forced displacement of populations through wars and the occupation of conquered territories. All these circumstances, which encourage promiscuity and the disintegration of the family, are factors of great importance in the propagation of V.D.

## (3) DECREASE IN THE USE OF CONDOMS

The fear of venereal disease having diminished or disappeared, the use of the condom as a prophylactic against V.D. rather than for contraceptive purposes has diminished. Some years ago its use was demanded by men, but it has now become more desired by women.

## (4) HOMOSEXUALITY

In some countries, male homosexuality has increased considerably for a variety of reasons and this has encouraged the spread of venereal infection through a hitherto less important channel.

## (5) DIMINISHED CONTROL EFFORTS

When it was thought that, with the wider use of antibiotics, venereal diseases were decreasing, many countries in which antivenereal control measures existed successively diverted health officers to other work, and suspended or reduced the clinical services for the treatment of venereal diseases.

## (6) SELF-TREATMENT BY THE PATIENT

The public know too well the therapeutic value of antibiotics and now feel capable of treating themselves. As a result, cure or only apparent cure may be delayed and meanwhile the disease continues to spread. Again, the disease may become latent and the lack of laboratory tests leads to the danger of the later development of serious and irreparable lesions in the patient.

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(7) INADEQUATE KNOWLEDGE AND EXPERIENCE OF VENEREAL DISEASES ON THE PART OF PHYSICIANS

Following the decrease of venereal diseases in some regions, with the use of antibiotics, the older physicians tended to forget what they knew about these illnesses, and younger physicians were unable to learn about them as teaching suffered through lack of clinical material. In some Schools of Medicine, the teaching of venereology has almost ceased.

FUNDAMENTAL MEASURES TO CONTROL THE RECRUDESCENCE OF VENEREAL DISEASES

With the above factors in mind we consider that V.D. control efforts must include the following four cardinal points:

(a) Intensification of the teaching of venereology in Schools of Medicine and Public Health and diffusion to all physicians and clinical services of the most modern and efficient methods of diagnosis and treatment.

(b) The creation or expansion of services especially devoted to the diagnosis and treatment of venereal diseases in health centres, polyvalent dispensaries, and in clinics of dermato-venereology, gynaecology, obstetrics, and paediatrics. Medicaments and serological tests for this purpose should be free of charge.

(c) The organization of Epidemiological Inquiry Services in the health centres or special clinics directed by a physician suitably trained for this work assisted by a group of female nurses and public health and social workers. Patients should be informed of their obligation to assist in bringing the persons who have infected them to treatment, as well as those whom they may have infected. Where the patient

does not wish to undertake this mission, the physician should obtain his permission to have this done through the Inquiry Services, and the patient should supply the necessary information for the identification of his contacts.

We know how delicate such inquiries can be and are aware of their frequent lack of success. However, we consider that failure in this work lies less in the method than in the lack of time or goodwill to carry it out.

These Inquiry Services should be placed at the disposal of all clinics and all physicians.

(d) The establishment of compulsory medical certificates, indicating that the individual has been examined and that serological tests for syphilis have been carried out (without mention of the results) for every individual competing for an official post, for those subjected to examination for physical aptness, for those who are enrolled in syndicates, for emigrants, and, in general, for all individuals who have to present identity documents for admission to official or semi-official organizations. We also consider such certificates should be issued before marriage and at the registration of a birth, in the latter case with the indication that the mother has had serological tests. All these certificates could be supplied free of charge in any clinical service, or in services designated for the purpose.

The carrying out of these four procedures, which appears to us to be practicable in any country or region, would limit the spread of venereal diseases. Through them, the public would also acquire more understanding of the need for taking precautions against these diseases and for getting treatment when symptoms appear. Other measures may be justified in certain regions depending on the local characteristics and conditions.